Texas Department of Health Toxic Substances Control Division Lead Certification Section



P.O. Box 149200 Austin, Texas 78714-9200 888/778-9440; 512/834-6612

LEAD PROJECT DESIGNER CERTIFICATION APPLICATION

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY					
Date Rec'd:/	_ Budget #7C	790-085 Remitta	nce #		
A person must be certified by the department as a Lead Project Designer to engage in such activity in target housing and child-occupied facilities in accordance with 25 TAC §295.209. A fee of \$300.00 must accompany this application unless fee-exempt. Send a cashier's check or money order payable to "Texas Department of Health - 7C790-085." DO NOT SEND PERSONAL CHECKS, COMPANY CHECKS, OR CASH. Certification fees are nonrefundable except as prescribed in §295.205(f)(2) and are due annually to continue certification for up to three years. Complete all blocks below (print or type only) and supply all the required documentation listed on this form. FEE EXEMPT - Check this box if you are submitting this application as a federal, state, or local government employee in order to obtain certification for the execution of official government duties only, as per §295.216(b) of the TELRR. Your name and certification status will not appear on the general distribution lists for advertising purposes.					
ALL CORRESPONDENCE IS MAILED TO THE RESIDENTIAL ADD EXEMPT. CHECK THE BOX BESIDE THE BUSINESS ADDRESS IF Mr. Ms.					
Applicant Name (Last, First, MI)	Social Secu	ırity No.	Telephone Numb	oer	
Residence Address	City	County	State	Zip	
Business Name or Organization Affiliation (if any)*		Telephone Number			
Business or Organization Affiliation Address	City	County	State	Zip	
*All businesses engaged in or offering to perform lead-based pacertified as a Lead Firm by the department in accordance with 25 A copy of the verifiable documentation listed below with §295.209 of the Texas Environmental Lead Reboxes below which correspond to the documentation	5 TAC §295.211 MUST BE Seduction Rule	and are not exempt SUBMITTED to es. Please place	the department a check (T) in	n fees. 1t in accordance	
1. A lead abatement supervisor and lead abate department-accredited training provider [state of the construction and design or a related field.] 2a. Bachelor's degree in engineering, architect appetraction and design or a related field.	\$295.209(b)(1 <i>AND</i> ture, or a relate)(A), §295.209(b))(1)(B)];		
construction and design or a related field [§295.209(b)(1)(B)(i)]; <i>OR</i> 2b. Four years of experience in building construction and design or a related field [§295.209(b)(1)(B)(ii)].					

APPLICANT VERIFICATION OF INFORMATION

I certify that I have read the Texas Environmental Lead Reduction Rules 25 TAC §§295.201-220. I declare that I have examined this
application and accompanying documents and to the best of my knowledge and belief, all information provided is complete, true, and
correct, and will forward any changes to data in this application to the Texas Department of Health within 30 days of that change. I
acknowledge that any falsification or misrepresentation in attempting to obtain department certification may result in the denial of my
application or decertification.

Signature of Applicant	Date

IMPORTANT

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT, ALL QUESTIONS ANSWERED, AND ALL REQUIRED DOCUMENTATION AND APPROPRIATE FEE SUBMITTED.

NOTE:

- , Mail the application, check and documentation to: Environmental Lead Branch, Certification Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.
- , If your application is complete, allow a minimum of three weeks for processing your application.
- , In cases of a deficient application, the applicant will be notified in writing within 60 days from the date the department receives the application indicating what additional information and/or documentation is required. From the date of this Deficiency Notification, the applicant shall have 90 days to provide the correct information and/or documentation requested, otherwise the application will be denied in accordance with section 295.205(c)(4) of the Texas Environmental Lead Reduction Rules.

SUGGESTED FORMAT FOR DOCUMENTING LEAD-RELATED EXPERIENCE

Applicant's Name		Social Security No.	Submission Date
DATES OF EMPLOYMENT	EMPLOYER NAME, ADDRESS & PHONE #	JOB TITLE & DUTIES PERFORMED	EXAMPLE TYPICAL PROJECTS & VERIFICATION CONTACTS, OF SUPERVISOR (Include Phone No.)
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